

Dietary Accommodations Instructions and Forms

District of Columbia Public Schools (DCPS) recognizes that students may have important and varied dietary needs. The attached forms allow parents to communicate to their student's school any special dietary needs their child may have in order to ensure that the dietary needs of every student are known and properly accommodated.

Students with Special Dietary Needs Form

This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the child's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. It must be signed by a licensed medical provider and accompany each special dietary request, including:

Food Allergy: Food allergies are potentially life-threatening, so it is important that parents notify schools of any food allergy their child has so that the student may be accommodated appropriately.

Texture Modifications: Students with disabilities may require modifications in texture, and the food may need to be chopped, ground, or pureed.

Chronic Conditions: Students prescribed a special diet due to a chronic condition may need special meals. Meals may be adjusted based on calories, fat, cholesterol, sodium, or sugars.

Students with Philosophical or Religious Dietary Needs Form

Students may also require food substitutions based on philosophical or religious beliefs. This form, which details the special diet or dietary restrictions requested, includes space for other instructions as needed. A medical provider's signature is not required for this form, it must be signed only by the parent or guardian.

Steps in using both forms:

1. The parent/guardian of the student must have their licensed medical provider complete and sign the *Students with Special Dietary Needs form* or complete and sign the *Students with Philosophical or Religious Dietary Needs* form themselves.
 - Students requesting an accommodation due to lactose intolerance are only required to have a parent/guardian's signature.
2. The parent/guardian must then inform the school nurse of the child's food needs and turn in the signed form to the nurse before enrolling the child (or as soon as the need is identified).
3. The school nurse must inform the school principal (or the principal's designee) of the request and submit a copy of the form(s).
4. The school principal or designee will inform all relevant teachers, school administrators, transportation personnel, coaches, and cluster coordinators of the student's special diet needs. Necessary personnel must also receive a copy of the form(s) and make modifications to activities and procedures as appropriate to ensure the student's safety at all times.
5. The school nurse will mail, via interoffice mail, or fax a copy of the form(s) to DCPS Central Office to the number or address below:

Fax Number:
202-442-5634
(Attn: Food Services)

Interoffice Mailing Address:
District of Columbia Public Schools
Attn: Program Coordinator
Office of Food & Nutrition Services
1200 First Street NE, 11th Floor
Washington, DC 20002

Please turn in this form to the **nurse** at your child's school. The nurse will then inform school staff and the Office of Food & Nutrition Services of your child's needs. [Nurses fax form to (202) 442-5634].

Students with Special Dietary Needs Form School Year 2014-2015

NOTE: If the student has special nutritional or feeding needs, complete this form and have it signed by a recognized medical authority. If nutrition needs are indicated in an IEP, please attach a copy of the IEP.

Student's Name:	ID:	Date of Birth:
Name of School:	Grade Level:	Teacher's Name: (if known)
Does the student have a disability? If yes, describe the major life activities affected by the disability:		
List Special Diet or Dietary Restrictions:		
Food Allergies or Intolerances:		
Foods to be Substituted:		
List foods that need changes in texture. If all foods need to be prepared in this manner, indicate "All." Use an additional sheet if necessary.		
Food requiring texture modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)	Other instructions (including special eating/feeding patterns, feeding techniques, and equipment needed)
Parent/Guardian Name:		Phone:
		Email:
Medical Provider Name:		Phone:
(physicians, physician assistants, nurse practitioners, etc.)		
Additional Contact Name:		Phone:
Additional Contact Name:		Phone:

Signature of Parent or Guardian

Date

Signature of Medical Provider

Date

**Students with Philosophical or Religious Dietary Needs Form
School Year 2014-2015**

This form allows parents to communicate to their student's school any special philosophical or religious dietary needs their child may have. A medical provider's signature is not required for this form.

Student's Name:	ID:	Date of Birth:
Name of School:	Grade level:	Teacher's name:
List Special Diet or Dietary Restrictions:		
Foods to be substituted:		
Other instructions:		
Parent/Guardian Name:	Phone:	
	Email:	
Additional Contact Name:	Phone:	
Additional Contact Name:	Phone:	

Signature of Parent or Guardian

Date

Updated July 2014